



# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Company Name: \_\_\_\_\_

NOTE: Direct deposit may be set up for separate accounts at separate banks

Last Name:	First:	Middle:	SSN:
Street address:	City:	State:	Zip:

### For Primary bank Account

I authorize **PES PAYROLL** to deposit my net earnings to:

- Bank name: \_\_\_\_\_
- Bank Transit Routing Number \_\_\_\_\_
- Type of Account:     Checking         Savings
- Account Number: \_\_\_\_\_

### For Secondary bank Account

I authorize **PES PAYROLL** to deposit the following amount from my earnings to:

- Bank name: \_\_\_\_\_
- Bank Transit Routing Number \_\_\_\_\_
- Type of Account:     Checking         Savings
- Fixed amount:    \$ \_\_\_\_\_    Or : \_\_\_\_\_ %
- Account Number: \_\_\_\_\_

### **You Must Attach an Original Voided Check Here For Each Account**

- *Please, no photocopies of checks.*
- *If depositing to a savings account, attach ORIGINAL deposit slip or other verification of account number.*

**Important! Please read, sign and date below prior to submitting this authorization:**

*I hereby authorize PES Payroll, my Employer, and the Bank(s) listed on this form to initiate credit entries to the accounts listed above for money owed to me. Further, I agree to indemnify and hold each participating Bank and PES Payroll harmless from any claim related to the operation of this process arising from any act or omission of my Employer or PES Payroll.*

***In the event that my Employer or PES Payroll erroneously deposits funds into my account, I authorize PES Payroll to debit my account or deduct from future Direct Deposits as may be appropriate, for any amount that had been credited to my account in error.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Route to:	<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Payroll	<input type="checkbox"/> Human Resources
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